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Bib Data Sheet

CONFIRMATION NO. 9666

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/679,200 | <b>FILING OR 371(c) DATE</b><br>10/03/2003<br><b>RULE</b> | <b>CLASS</b><br>425 | <b>GROUP ART UNIT</b><br>1722 | <b>ATTORNEY DOCKET NO.</b><br>2309.2003-001 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/364,308 02/10/2003 ABN *DB*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY DE 102 05 843.1 02/13/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/30/2003

|  |                                    |                            |                           |                                |
|--|------------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>2 | <b>TOTAL CLAIMS</b><br>21 | <b>INDEPENDENT CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                            |                           |                                |
| Verified and Acknowledged <i>Do. Bodawala</i><br>Examiner's Signature <i>DB</i> Initials   |                                    |                            |                           |                                |

**ADDRESS**

21005

**TITLE**

Double-webbed mandrel

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1004 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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